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FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations	
(a) Name PowerPac.org	
	nt than previously reported 2. FEC Identification Number
(c) City, State and ZIP Code San Francisco	CA 94105
(d) Name of Employer or Principal Place of Business	(e) Occupation
3. Is This Statement or Amended	4. Covering Period M M J J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5. (a) Date of Public Distribution(s) M M M / D D / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y	
6. Is the Filer a Qualified Nonprofit Corporati	on under 11 CFR 114.10(c)? Yes X No
7. Were the disbursements for the electioned from donations to a segregated bank according to the control of th	YAC NOIVI
8. Custodian of Records (a) Name Lisa V Le	
(b) Address (number and street) 201 Spear St Suite 1650	
(c) City, State and ZIP Code	
San Francisco	CA 94105
(d) Name of Employer or Principal Place of Business	(e) Occupation
Self-employed	CPA
9. Total Donations This Statement	0.00
10.Total Disbursements/Obligations This Sta	tement 44700.00
Under penalty of perjury, I certify that this statement is true communications reported herein were made by a corporat under the Commission's regulations.	e, correct and complete. In addition, if the electioneering ion, I cerify that the corporation is a qualified nonprofit corporation
TYPE OR PRINT NAME OF PERSON COMPLETING F	FORM Lisa V Le
SIGNATURE	DATE01/27/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalities of 2 U.S.C. 437g.

FE3AN038.PDF FEC FORM 9 (REV. 02/2003)